

2358

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 461
Registrar's No. 1076

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location County Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 days; In Community 3 yrs; In Arizona 3 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima; (c) City or Town Tucson
(If outside city limits also write RURAL)
(d) Street No. 105 Olive Rd. (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. _____
3. (a) FULL NAME Elizabeth Ann Yarnell (b) If Veteran name war _____

4. Sex F 5. Race White ☐ Indian ☐ Negro ☐ ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased April 23, 1880
(Month) (Day) (Year)
8. AGE: Years 66 Months 7 Days 6 If less than one day hrs. _____ min. _____

9. Birthplace Illinois
(City, town or county) (State or Country)

10. Usual Occupation Housekeeper
11. Industry or Business _____

Father { 12. Name Joseph N. Yarnell
13. Birthplace Penn.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary E. Bashen
15. Birthplace Peoria Ill.
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Lena Reeve
(b) Address Tucson, Arizona

17. (a) Burial, Cremation or Removal Reoval
(b) Place Augusta, Ill. (c) Date 12-1-46

18. (a) Embalmer's Signature George H. Dyer
(b) Funeral Director Verna E. Vocum
(c) Address Arizona Mortuary, Tucson

19. (a) Nov 30-46
(Date received Local Registrar)
(b) T. Howard
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 12-1-46, 19____, TIME (Hour and minute) 3:30 P M.

21. I hereby certify that I attended the deceased from June 6, 1944 to November 29, 1946, that I last saw her alive on November 28, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Intarction

Due to Chronic Endocarditis
Asthma

Other conditions _____
(Include pregnancy within three months of death)

Major findings: _____
Of operations _____

Of autopsy _____

DURATION

Sudden
long

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature _____ M. D.
Address 1115 E 6th Date signed 11/30/46